Approved for use through 7/31/2006. OMB 0651-0032
U.S. Peleni and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB conduct number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA DASIC FEE (37 CFR 1.16(al) RATE FEE RATE FEE TOTAL CLABAS OR (37 CFR 1 16(c)) minus 20 « OR X \$ DE CHECK TOLON CH MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NOMENT NUMBER PRESENT RATE AFTER PREVIOUSLY RATE ADDI-EXTRA TIONAL AMENDMENT PAID FOR TIONAL FEE Total Mous FEE UN CALLERON OR Independent ũ x s OR FIRST PRESENTATION OF MIRTIPLE DEPENDENT CLAIM (3) CFR 1 (6(d)) OR TOTAL TOTAL ADO'L FEE OR ADOLFEE (Column 1) (Column 2) CLAIMS HIGHEST NUMBER ω REMAINING PRESENT ENDMENT AFTER ADDI. RATE PREVIOUSLY ADDI-TIONAL AMENDAENT PAID FOR TIONAL FEE Total Minus Independent OR Almus ₹ OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR) 16(0)) OR TOTAL TOTAL ADOL FEE OR ADDITEE (Cotumn 1) (Column 3) (Column 2) CLAILIS HIGHEST RENAINING NUMBER PRESENT RATE ADDI: AFTER PREVIOUSLY ADDI-FEE **KLENDLENI** TIONAL PAID FOR NOM Total FEE ALnus OR Lunus OR. ENERS INSESSINGUEDE OF MINISTER DEPENDENT CLAIM 15, CLE 1 (601) OR 101A TOTAL ADO'L FEE If the entry in column 1 is less than the entry in column 2, write 101 in column 3 if the 1 highest Humber Previously Paid For III THIS SPACE is less than 70, enter 70. Oi: ADO'L FEE If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The Tilghest Humber Previously Paid For' (Total or Independent) is the highest number found in the appropriate bes in column 1

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USP10 to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 numbers to complete including pregaming, and submitting the controlled application form to the USP10. Time will vary depending upon the Individual case. Any comments incluming particing preparties, and submining the controlled application form to the USPTO Time will vary depending upon the Individual case. Any comments on the amount of time your deduction to the controlled by form and/or suggestions for reducing this burden, should be sent to the Citief Information Officer. U.S. Patent and Trademark Officer U.S. Department of Commerce, P.O. flor 1450, Alexandria, VA 22313-1450 DO NOT SELIO FEES OR COMPLETED FORMS TO THIS ADMIRESS. SEND TO. Commissioner for Patents, P.O. 80x 1450, Alexandria, VA 22313-1450

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10603717 Effective January 1, 2003 CLAIMS AS FILED - PART I **SMALL ENTITY** OTHER THAN (Column 1) TYPE ____ (Column 2) SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR **NUMBER FILED NUMBER EXTRA** BASIC FEE 375.00 BASIC FEE 750.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84 =**OR** MULTIPLE DEPENDENT CLAIM PRÉSENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 626 CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR **SMALL ENTITY** (Column 3) CLAIMS HIGHEST **AMENDMENT A** ADDI-REMAINING NUMBER ADDI-PRESENT **AFTER** RATE TIONAL **PREVIOUSLY** RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus دسنه ** X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT PREVIOUSLY **AFTER** RATE TIONAL **RATE EXTRA** TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ REMAINING NUMBER ADDI-ADDI-PRESENT AFTER **PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE ENDW! Total Minus ** X\$ 9= X\$18= OR Independent Minus X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.